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	OR .			991			
	Practitioner(s) named bei	ow (K more than te	n petent practi	soners are to be nar	med, then a c	ustomer numbe	r musi be used):
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DIG 940t	he Name and Address MARC CORPOR. SW Gemini Drive recton, OR 97008		Telephone		Email		
hisd in the pres	of this form, together was sech application in whit afficiers appointed in t	th this form is us his form if the ap	ed. The state pointed pract	ment under 37 CF Stioner is authoriz-	R 3.73(h) m	ty be complete	ed by one of

SIGNATURE of Assigned of Record

They beliggious whose signeours and time is supplied below is sutherized to act on behalf of the assignee Date 11-3-10 Signiature Robert P. Chamness Name Telaphone 503 - 4/69 - 4800 778.0 EVP; CLO & Secretary for Digimarc Corporation

The collection of information is required by 3° CPP 1.3°, 1.3° and 1.38. The information is required to obtain or retain a benefit by 5° quickle writch is to file cland. The collection of information is required to obtain or retain a benefit by 5° quickle writch is to file cland or retain a benefit by 5° quickle writch is to file cland or retain a file of the collection of information or retain a file of the collection of information or retain a file of the collection of information or retain a file of the collection of information or retain a file of the collection of information of the collection of the collection of information of the collection of